

Entered - 07/23/01 - sb
CL01L0463 - DIANNE C. MITCHELL

01- *K* -1237

CLAIM OF: **WILLIE CLEVELAND**
1486 MacPherson Street
Atlanta, Georgia 30316

For damages alleged to have been sustained as a result of a vehicular accident on July 5, 2001 at 338 Lamon Avenue, SE.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **WILLIE CLEVELAND** the sum of **\$1,446.80** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on July 5, 2001 at 338 Lamon Avenue, SE as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0463

Date: August 1, 2001

Claimant /Victim WILLIE CLEVELAND

BY: (Atty)(Ins. Co.) _____

Address: 1486 MacPherson Street, Atlanta, Georgia 30316

Subrogation: _____ Claim for Property damage \$ 2,141.63 Bodily Injury \$ _____

Date of Notice: 07/20/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 07/05/01 Place: 338 Lamon Avenue, SE

Department Public Works Division: Solid Waste and Transportation

Employee involved Gloria Craig Disciplinary Action: Written Counseling and Defensive Driving

NATURE OF CLAIM: The driver of the City vehicle backed into the claimant's parked vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

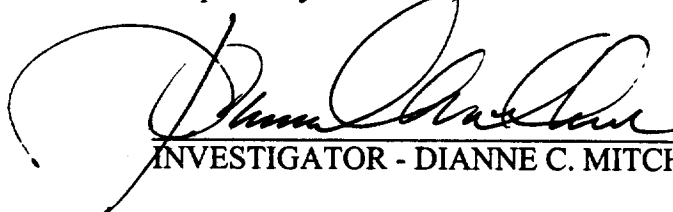
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,446.80 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager: Dianne C. Mitchell Concur/date 08-01-01

Committee Action: _____ Council Action _____

7/5/01 ISSUE TO WILLIE CLEVELAND

Mitchell

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
68 Mitchell Street, S.W.
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES 07/20/01

TODAY'S DATE: July 9-01

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$2,141.34 property and/or \$ _____ bodily injury for which I contend the City is liable.

ENTERED - 7-23-01 - SB

01L0463 - DIANNE MITCHELL

1. Date of incident: 7-5-01
(month day year)
2. Police called ✓
(yes) (No)
3. Location of incident: 338 Jamar Ave SE
4. Name of your insurance company Allstate Policy # 615007085
5. State what and how incident occurred: The lady who was driving the garbage truck was trying to back down Jamar Ave and it my truck which was parked on the side of my home
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. (use other side if necessary)
FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages.
Complete the following and attached two (2) estimates of repair.

Your vehicle: Dodge CARAVAN 98 136085
(make) (year) (tag#) (driver's name)

City vehicle: CRANE CARRIER GLORIA ANN CRAIG PUBLIC WORK
(make) (driver's name) (department)

8. Witness: _____
(name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

Willie Cleveland (SEAL)
(claimant)

1486 MacPherson St
(address)

Atlanta Georgia 30316
(city) (state) (zip)

404 687-0871 404 624-0751
(home) (phone) (work)

CELL 404 668-8784

REV 2/84 JWP

01-R-1237